

Individual Achievement Award
(Previously the Alumni Award)
PY 2003 Nomination Form

Nominee: _____ Social Security Number: _____

Address: _____

Telephone Numbers: Home _____ Work _____
(Please indicate best times to contact.)

Please include a brief description (no more than two single spaced typed pages) to support the nomination. The nominating staff person and the nominee should write the narrative together to ensure accuracy of all information. At a minimum, the following information should be included:

- List all workforce development system partner(s) contributing to the nominee's success.
- List all services provided to nominee.
- Indicate the current status of nominee (i.e. enrolled in further training, employed). If nominee is employed, indicate the name and address of employer and wage information.
- Explain why this nominee should receive the Individual Achievement Award. Include information such as examples of significant obstacles that have been overcome.
- Include a brief statement indicating how the nominee's life has changed because of the services provided by the workforce development system.

All information included in the nomination must be reviewed for accuracy with the nominee.

RELEASE OF INFORMATION

I hereby consent to allow the Department of Economic Development, Division of Workforce Development, and its agents to take and utilize photographs and/or recordings (audio, video, film) without further consideration or compensation for the purposes of illustration, broadcast, or distribution. By signing below I authorize the release of any and all information regarding the nomination information for use by the program operator, Workforce Investment Board, Division of Workforce Development and Department of Economic Development. I understand and agree that any publication or production of this information may be shown in whole or part to promote employment & training programs.

Signature of Nominee: _____
Date

Staff Contact Name (Print)	Signature	Date
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E-mail Address: _____ Region: _____

Phone Number: _____ Fax Number: _____

Signature of WIB Chair or Contact: _____
Date

